



NHS of Southwest Wisconsin, Inc.
Homeowner Rehab Application
 125 E. Seminary St. Richland Center, WI 53581
 608-647-4949
 Fax 608-647-8792

Service Agreement

I/We have applied for a loan or lending service through NHS of Southwest Wisconsin, Inc. in connection with this loan, if granted, I/We understand that there must be sufficient equity in the home and that NHS will be inspecting my/our property and to some extent, acting as a technical assistant and consultant in the repair or rehabilitation of my/our home which is located at:

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Owner's Responsibilities

I/We understand that notwithstanding the services NHS provides, it is my/our responsibility to approve specifications, review the bids and select a contractor (subject to NHS approval) to sign the contracts and change orders and to approve the payout. I/We further understand that NHS will hold all loan funds in escrow pursuant a separate Escrow Agreement. Disbursement will be subject to my/our and NHS's authorization.

I (We) acknowledge that I/we have been advised that I/We should inspect that work as frequently as possible, and discuss with the contractor or NHS personnel, any difficulties or poor workmanship observed.

I/We understand that I/We will add NHS of Southwest Wisconsin, Inc. as a lien holder on my/our Homeowners' insurance policy.

NHS's Role

- A. By reason of the expertise of the NHS rehab staff, I/We understand that NHS may from time to time make suggestions to me/us regarding the progress of the work, and if I/we are not available, occasionally be required to deal directly with contractors. I/We understand that NHS will charge for these technical services and that I/we will pay charges normally associated with borrowing, such as interest service charges, title changes, recording fee, and the like made by the lender.
- B. I/We understand that in conventional repair loans, lenders do not necessarily make thorough work-in-progress inspections and that NHS provides these services to me/us for our protection. However, these services are not a guarantee of any type, and do not make NHS responsible for the quality of the work, or responsible for any worker's performance.
- C. I/We understand that the staff of NHS cannot be personally available for all inspections of each segment of the work performed on the construction site and that both NHS and its employees, members, officers, and directors will reasonably rely on the competence and skill of each individual contractor as is normal in the course of such business negotiations, transactions and execution of the contracts.

NHS's Emergency Authority

I/We authorize the staff of NHS of Southwest Wisconsin, Inc. to issue emergency orders and/or instructions in the event that the NHS Rehab Development Coordinator is available to observe the work-in-progress and can anticipate that, without authority to issue such instructions, the work about to be done will substantially alter the intentions, violate the specifications, or damage the property of the homeowner as set forth in the contract.

Upon the issuance of such order of instructions, the NHS Rehab Development Coordinator will contact the homeowner and the general contractor or subcontractor most directly responsible for the work in question, as quickly as possible. All parties will examine and approve the work in question before it proceeds.

General Provisions

- A. I/We further agree to hold harmless and indemnify NHS of Southwest Wisconsin, Inc., its funding sources, employees, members, officers, and directors, in connection with acts performed by them, which would be associated with consultation, technical advice, financial counseling, loan processing, property inspection and other related activities.
- B. I/We authorize the staff of NHS of Southwest Wisconsin, Inc. to obtain or provide specific reports, such as personal credit reports, property title searches, property tax inquiries, building code inspection reports, property appraisals, repair specifications, cost estimates, contractor bids, and such other reports deemed necessary to perform its functions.

 Owner

 Owner

 Date

PROPERTY INFORMATION AND PURPOSE OF LOAN



Title to Property in Name(s) of: _____ Year Built: _____ No. of Bedrooms: _____

Year Purchased: _____ Purchase Price: \$ _____ Term (Years): _____ Interest Rate: _____ %

Mortgage Holder: _____ Balance: \$ _____

Monthly Payment: \$ _____ Yearly Taxes: \$ _____ Yearly Insurance: \$ _____

Taxes and insurance included in monthly payment? Y/N

Homeowner's Insurance Agent/Agency _____

Repairs requested: _____

APPLICANT INFORMATION

Name: _____ Disabled Veteran

Street Address: _____ City: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

DOB: _____ Social Security Number: _____ Male Female

Race:	<input type="checkbox"/> I do not wish to furnish this information	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Asian and White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Black/African American and White	
<input type="checkbox"/> Other _____	Are you Hispanic? Yes / No	US Citizen Yes / No Born outside U.S.A Yes / No
<p>The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the US Department of Agriculture (USDA) that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.</p>		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> College <input type="checkbox"/> Graduate school <input type="checkbox"/> Vocational school		

Employer's Name (Applicant): _____ Start Date: _____ Self-employed

Address: _____ Employer Phone number: _____

Income: \$ _____ per hour. If not hourly \$ _____ weekly / bi-monthly / monthly (Circle one)

Average hours worked per normal week: _____ Overtime offered? How many hours per week _____

Previous employment if less than 2 years: _____

Social Security or Disability: \$ _____ Per Month **Unemployment:** \$ _____ Per Month

Pension and/or Annuity: \$ _____ Per Month

CO-APPLICANT INFORMATION

Name: _____ Disabled Veteran

Street Address: _____ City: _____

Zip: _____ Home Phone: _____ Cell Phone: _____

DOB: _____ Social Security Number: _____ Male Female

Race:		<input type="checkbox"/> I do not wish to furnish this information
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White <input type="checkbox"/> Asian and White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Black/African American and White
<input type="checkbox"/> Other _____	Are you Hispanic? Yes / No	US Citizen Yes / No Born outside U.S.A Yes / No
<p>The information solicited on this application is requested by the grantee in order to assure the Federal Government, acting through the US Department of Agriculture (USDA) that Federal laws prohibiting discrimination against applicants on the basis of race, color, national origin, religion, sex, familial status, age, and handicap are being complied with. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way. However, if you choose not to furnish it, the grantee is required to note the race/national origin and sex of the individual applicants on the basis of visual observation or surname.</p>		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed		
Education: <input type="checkbox"/> None <input type="checkbox"/> Primary <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> College <input type="checkbox"/> Graduate school <input type="checkbox"/> Vocational school		

Employer's Name (Co-Applicant): _____ Start Date: _____ Self-employed

Address: _____ Employer Phone number: _____

Income: \$ _____ per hour. If not hourly \$ _____ Weekly / bi-monthly / monthly (Circle one)

Average hours worked per normal week: _____ Overtime offered? How many hours per week _____

Previous employment if less than 2 years: _____

Social Security or Disability: \$ _____ Per Month **Unemployment:** \$ _____ Per Month

Pension and/or Annuity: \$ _____ Per Month

List all household members related or unrelated, who live with you more than 50% of the year:

Name	Dependent? Y/N	Age	Disabled? Y/N	Full time student? Y/N	Approximate gross monthly income.

Do you have any children living in your home six years of age or younger? YES NO

If YES, have they had their Blood Lead Level tested? YES NO

If YES, is their Blood Lead Level Elevated? YES NO

Household Income and Asset Disclosure

You are required to report the earned and unearned income and assets of all adults (over 18) who live in your home as their primary residence. Households are not required to spend down assets before they can participate in the NHS Homeowner Rehab program. Income from assets is, however, recognized as part of the household's annual income. In general, an asset is a cash or non-cash item that can be converted to cash.

<u>Do the following apply to any adults in your household? (Please circle Yes or No)</u>		
File federal income taxes?	Yes / No	If yes, include copy of last year's federal income tax form with all schedules. (Last 3 years if self-employed).
Employed?	Yes / No	If yes, include copies of last 3 months paycheck stubs.
Social Security Income?	Yes / No	If yes, include copy of benefit letter for current year.
Disability Income?	Yes / No	If yes, include copy of benefit letter for current year
Pension / Annuity Income?	Yes / No	If yes, include copy most recent benefit letter
Child support?	Yes – Pay child support / Yes – Receive child support / No	
Alimony?	Yes – Pay alimony / Yes – Receive alimony / No	
Unemployment Compensation?	Yes / No	If yes, include copy of claim information from DWD
Stocks, bonds, other investments?	Yes / No	If yes, include copy most recent statement for all accounts
Retirement, 401K, IRA, etc.?	Yes / No	If yes, include copy most recent statement for all accounts
Life insurance with cash value?	Yes / No	If yes, include documentation from insurance company
Trust with cash value?	Yes / No	If yes, include documentation
Checking and/or savings accounts?	Yes / No	If yes, include copy most recent statement for all accounts

List Checking and/or Savings Account:	Balance	Name of: Bank, S&L or Credit Union	Address of: Bank, S&L or Credit Union

Do you own real estate other than your primary residence, such as rental property, second home, land, etc.? Yes / No If yes, list all below:

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

Do you hold personal property as in investment such as gems, jewelry, art, collections, antique cars, etc.? Yes / No If yes, list all below:

Asset Description	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

Have you received lump sum receipts, including inheritance, capital gains, lottery winnings, insurance settlements, etc.? Yes / No If yes, list all below:

Payout Amount	Fair Market Value	Balance of Loan(s)	Estimated cost to sell

Liabilities and Pledged Assets.

List the creditor's name address for all home loans, outstanding debts, including automobile loans, revolving charge accounts, real estate loans, alimony, child support, stock pledges, etc. Use backside of sheet, if necessary.

LIABILITIES	Monthly Payment & Months Left to Pay	Unpaid Balance
Name and Address of Company <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly	\$ Payment/Months	
Name and Address of Company <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly	\$ Payment/Months	
Name and Address of Company <input type="checkbox"/> Jointly <input type="checkbox"/> Not Jointly	\$ Payment/Months	
Alimony/Child Support Payments		

Declarations

If you mark the box for “Yes” to any questions **“A” through “G”**, please explain in the space provided below. If answer is “No”, leave box unmarked.

	Applicant #1	Applicant #2
A. Are there any outstanding judgments against you?	<input type="checkbox"/>	<input type="checkbox"/>
B. Have you been discharged in bankruptcy within the past 7 years?	<input type="checkbox"/>	<input type="checkbox"/>
C. Are you a party to a lawsuit?	<input type="checkbox"/>	<input type="checkbox"/>
D. Have you directly or indirectly been obligated on any loan in the last 7 years, which resulted in foreclosure, transfer of title in lieu of foreclosure, or judgment? <i>(This would include such loans as home mortgage loans, SBA loans, home improvement loans, educational loans, manufactured (mobile) home loans, any mortgage, financial obligation, bond, or loan guarantee. If “Yes” provide details, including date, name, and address of Lender, FHA, or VA case number, if any, and reasons for the action.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
E. Are you presently delinquent or in default on any Federal debt or any other loan mortgage, financial obligation, bond, or loan guarantee? If “Yes” give details as described in d above.	<input type="checkbox"/>	<input type="checkbox"/>
F. Are you obligated to pay alimony, child support, or separate maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
G. Are you a co-maker or endorser on a note?	<input type="checkbox"/>	<input type="checkbox"/>
H. Do you intend to occupy the property as your primary residence?	<input type="checkbox"/>	<input type="checkbox"/>
I. Have you had ownership interest in a property in the last three years?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any “Yes” answers to questions A through G in this space:

PLANNED EXPENSES AND PAYMENTS

PART 1A – EXPENSES	MONTHLY	PART 1B - DEBT PAYMENTS	MONTHLY
FOOD:	\$ _____	HOUSE PAYMENT:	\$ _____
CLOTHING:	_____	CAR/TRUCK:	_____
MEDICAL: (Not long term) <i>(Doctor, dentist, eyeglasses, medications, etc.)</i>	_____	CAR/TRUCK:	_____
PERSONAL: <i>(Beauty shop, barber, liquor, cigarettes, newspaper, magazines, etc.)</i>	_____	OTHER VEHICLES AND EQUIPMENT:	_____
HOUSEHOLD:	_____	OTHER: <i>(Credit card, (LIST)</i>	_____
FUEL: _____	_____	<i>Medical, installment</i> _____	_____
ELECTRICITY: _____	_____	<i>Loans, personal debts,</i> _____	_____
TELEPHONE: _____	_____	<i>Other real estate, etc.)</i> _____	_____
CABLE TV: _____	_____	PLANNED CREDIT PURCHASES:	_____
WATER AND/OR SEWER: _____	_____	<i>(Furniture appliances, etc.)</i>	_____
OTHER: _____	_____		
HOME REPAIR AND MAINTENANCE: <i>(Appliances, paint, yard, etc.)</i>	_____		
EDUCATION: <i>(Tuition, books, supplies, fees, school lunches, etc.)</i>	_____	TOTAL PART 1B:	\$ _____
GIFTS: <i>(Holidays, birthdays, charity, church, etc.)</i>	_____	PART 2 - HOUSEHOLD INCOME	
RECREATION: <i>(Dining, movies, sports, entertainment, vacation, hobbies, etc.)</i>	_____	APPLICANT/BORROWER:	_____
		<i>(Wages, tips, overtime, etc.)</i>	
MISC. POCKET EXPENSES: <i>(Sodas, lunches, allowances, etc.)</i>	_____	CO-APPLICANT/CO-BORROWER:	_____
CAR: <i>(Gas, tires, repairs, license, etc.)</i>	_____	<i>(Wages, tips, overtime, etc.)</i>	
INSURANCE:	_____	NET BUSINESS INCOME:	_____
REAL ESTATE: _____	_____	OTHER:	_____
AUTO(S): _____	_____	<i>(Social Security, retirement, alimony, child support, VA, public assistance, other income, rental income, etc..)</i>	_____
HEALTH & LIFE: _____	_____	PART 2:	\$ _____
		TOTAL HOUSEHOLD INCOME:	
TAXES:	_____	SUMMARY	
REAL ESTATE: _____	_____	A. TOTAL INCOME FROM PART 2	\$ _____
PERSONAL PROPERTY: _____	_____		
UNION OR PROFESSIONAL DUES:	_____		
CHILD CARE: <i>(Daycare, baby-sitting, etc.)</i>	_____		
CHILD SUPPORT/ALIMONY: <i>(Paid out)</i>	_____	B. TOTAL EXPENSES AND DEBT PAYMENT (TOTAL PART 1A + TOTAL PART 1B)	_____
PLANNED CASH PURCHASES: <i>(Furniture, appliances, etc.)</i>	_____		
OTHER:	_____	D. BALANCE (A-B)	\$ _____
TOTAL PART 1A:	\$ _____		

CONFLICT OF INTEREST STATEMENT

Bill Reinke
Sherry Klatt
Corrina Mott
Rebecca Gomez
Debra Adams
Richard McKee
Evan Wontor

Linda Smith
Ray Schmitz
Tom Gainor
Kathleen McGinnis
Barry Ziegahn
Michael Kaufman
Cathy Rooney

Linda Wymer
Chris Storer
Brian Moore
Violet Johnson
Michael Starks
Linda Gentes

I have reviewed the above list of persons involved with or associated with NHS. (Please check one of the below.) The definition of family means: Spouse, Fiancée, Children and children-in-law, Brothers and brothers-in-law, Sisters and sisters-in-law, Parents and parents-in-law, and anyone who receives more than 50% of their support from the person (e.g., adopted child, foster child).

- To the best of my knowledge, I do not have any family or business relationship with any of the persons listed above.
- I am related to or have a business relationship with _____
in the following way: _____

Signature of Applicant

- To the best of my knowledge, I do not have any family or business relationship with any of the persons listed above.
- I am related to or have a business relationship with _____
in the following way: _____

Signature of Co-Applicant

MARITAL PROPERTY STATEMENT

____ (Initial that you have read) No provisions of a marital property agreement (including a Statutory Individual Property Agreement pursuant to Sec. 766.587, Wis. Stats.), unilateral statement classifying income from separate property under Sec 766.59, or court decree under Sec. 766.70 adversely affect the creditor unless the creditor is furnished with a copy of the document prior to the credit transaction or has actual knowledge of its adverse provisions at the time the obligation is incurred.

BY SIGNING BELOW, I/WE CERTIFY THAT STATEMENTS MADE BY ME/US IN THIS APPLICATION ARE TRUE, COMPLETE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE. I/WE FURTHER UNDERSTAND THAT FALSE STATEMENTS WILL VOID THIS APPLICATION AND DISQUALIFY ME/US FROM RECEIVING ANY HOUSING ASSISTANCE THROUGH NHS OF SOUTHWEST WISCONSIN, INC.

Signature of Applicant

Date

Signature of Co-Applicant

Date

NHS of Southwest Wisconsin, Inc.

AUTHORIZATION FOR RELEASE OF INFORMATION

To whom it may concern;

I/We have applied for housing assistance through NHS of Southwest Wisconsin, Inc. and as evidenced by my/our signature(s), I/We hereby authorize NHS of Southwest Wisconsin, Inc. to obtain verification of any and all information relating to my/our: **INCOME, ASSETS, EMPLOYMENT, CREDIT STANDING, PROPERTY OWNERSHIP, MORTGAGE STANDING, HOMEOWNER’S INSURANCE AND HOUSING EXPENSES.** Furthermore, I/we authorize the release of such information at the request of NHS of Southwest Wisconsin, Inc.

A photographic copy of this authorization, including a photographic copy of my/our signature(s), may be deemed the equivalent of the original and may be used as duplicate original.

I/We understand that this information will be kept confidential by NHS of Southwest Wisconsin, Inc. and will be used solely for the purposes of determining my/our eligibility for participation in Housing Programs provide by NHS of Southwest Wisconsin, Inc.

Signature of Applicant

Date

Signature of Co-Applicant

Date

XXX-XX-

Social Security Number

XXX-XX-

Social Security Number

Authorization is valid for one year from date of signing.

125 E. Seminary St. Richland Center, WI 53581
608-647-4949
Fax 608-647-8792

NHS of Southwest Wisconsin, Inc.
125 E. Seminary St.
Richland Center, WI 53581

608-647-4949
Fax 608-647-8792

LEAD-BASED PAINT PAMPHLET RECEIPT:

I/We have received a copy of the EPA pamphlet **“Protect Your Family from Lead in Your Home”**.

Signature of Applicant

Date

Signature of Applicant

Date

PRIVACY POLICY RECEIPT:

I/We have received a copy of the **PRIVACY POLICY AND PRACTICES OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.**

Signature of Applicant

Date

Signature of Applicant

Date

GRIEVANCE POLICY RECEIPT:

I/We have received a copy of the **GRIEVANCE/APPEAL STATEMENT OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.**

Signature of Applicant

Date

Signature of Applicant

Date

SUBORDINATION POLICY RECEIPT:

I/We have received a copy of the **SUBORDINATION POLICY OF NEIGHBORHOOD HOUSING SERVICES OF SOUTHWEST WISCONSIN, INC.**

Signature of Applicant

Date

Signature of Applicant

Date